

Complete Summary

GUIDELINE TITLE

School health guidelines to prevent unintentional injuries and violence.

BIBLIOGRAPHIC SOURCE(S)

School health guidelines to prevent unintentional injuries and violence. MMWR Recomm Rep 2001 Dec 7;50(RR-22):1-46. [380 references]

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

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IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

- Unintentional injury and violence
- Suicide

GUIDELINE CATEGORY

Counseling
Prevention

CLINICAL SPECIALTY

Endocrinology
Family Practice
Pediatrics
Preventive Medicine
Psychiatry

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Public Health Departments
Social Workers

GUIDELINE OBJECTIVE(S)

To provide guidance for school health efforts to promote healthy and safe behavior among children and adolescents

TARGET POPULATION

Students in pre-kindergarten through 12th grade

INTERVENTIONS AND PRACTICES CONSIDERED

School health efforts to prevent unintentional injury, violence, and suicide

1. Establishing a social environment that promotes safety
2. Providing a safe physical environment
3. Implementing health education curricula and instruction
4. Providing safe physical education, sports, and recreational activities
5. Providing health, counseling, psychological, and social services for students
6. Establishing appropriate crisis and emergency response
7. Involving families and communities in all aspects of school life
8. Providing staff development to promote safety and prevent unintentional injuries, violence, and suicide.

MAJOR OUTCOMES CONSIDERED

- Morbidity and mortality among students due to unintentional injury, violence, and suicide
- Effectiveness of preventive services

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Centers for Disease Control and Prevention (CDC) developed these guidelines by a) reviewing published research (i.e., peer-reviewed journal articles, book, and private and government reports, and websites); b) considering the recommendations in national policy documents; c) convening specialists in unintentional injury, violence, and suicide prevention; and d) consulting with relevant federal, state, and local agencies and national nongovernmental organizations representing state and local policy makers, educators, parents, allied health personnel, and specialists in unintentional injury, violence, and suicide prevention.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Centers for Disease Control and Prevention (CDC) convened a panel of specialists in unintentional injury, violence, and suicide prevention; school health; and mental health services. The panelists considered available evidence of effectiveness at each step of the development process and based many decisions on behavior change theory and best practices in unintentional injury, violence, and suicide prevention; health education; and public health. The panel employed a two-round Delphi technique to reach a group decision regarding which recommendations to include in this report. The first-round questionnaire listed the 200 strategies, organized by coordinated school health program components, identified by the literature review. The panelists rated the extent to which evidence existed to support each strategy, the effectiveness of each strategy, and the feasibility for schools to implement each strategy. Panelists considered their ratings on evidence, effectiveness, and feasibility to arrive at a priority score for

each strategy. In addition, panelists considered each strategy separately, rather than ranking strategies against each other.

The second-round questionnaire listed the strategies that received the highest priority scores within each coordinated school health program component. Panelists considered the group results and their individual scoring on the first-round questionnaire to decide how to rank the strategies. Panelists ranked strategies within each component rather than across all strategies to ensure that all components of a coordinated school health program were addressed.

The results of the second-round questionnaire were mailed to the panelists before a meeting of the panel in December 1999. At the meeting, the panel reviewed the resulting outline for the guidelines in this report. They reached consensus as to whether any strategies that were not included in the outline should be included and whether there were strategies that should be removed from the outline. In January 2001, national nongovernmental organizations representing state and local policy makers; educators; parents; specialists in unintentional injury, violence, and suicide prevention as well as other federal agencies involved in unintentional injury, violence, and suicide prevention; and representatives of state and local agencies reviewed a draft version of this report. The report was revised based on their review.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendation 1: Social environment. Establish a social environment that promotes safety and prevents unintentional injuries, violence, and suicide.

- Ensure high academic standards and provide faculty, staff members, and students with the support and administrative leadership to promote the academic success (i.e., achievement), health, and safety of all students.
- Encourage students' feelings of connectedness to school.

- Designate a person with responsibility for coordinating safety activities.
- Establish a climate that demonstrates respect, support, and caring and that does not tolerate harassment or bullying.
- Develop and implement written policies regarding unintentional injury, violence, and suicide prevention.
- Infuse unintentional injury, violence, and suicide prevention into multiple school activities and classes.
- Establish unambiguous disciplinary policies; communicate them to students, faculty, staff members, and families; and implement them consistently.
- Assess unintentional injury, violence, and suicide prevention strategies and policies at regular intervals.

Recommendation 2: Physical environment. Provide a physical environment, inside and outside school buildings, that promotes safety and prevents unintentional injuries and violence.

- Conduct regular safety and hazard assessments.
- Maintain structures, playground and other equipment, school buses and other vehicles, and physical grounds; make repairs immediately after hazards have been identified.
- Actively supervise all student activities to promote safety and prevent unintentional injuries and violence.
- Ensure that the school environment, including school buses, is free from weapons.

Recommendation 3: Health education. Implement health and safety education curricula and instruction that help students develop the knowledge, attitudes, behavioral skills, and confidence needed to adopt and maintain safe lifestyles and to advocate for health and safety.

- Choose prevention programs and curricula that are grounded in theory or that have scientific evidence of effectiveness.
- Implement unintentional injury and violence prevention curricula consistent with national and state standards for health education.
- Use active learning strategies, interactive teaching methods, and proactive classroom management to encourage student involvement in learning about unintentional injury and violence prevention.
- Provide adequate staffing and resources, including budget, facilities, staff development, and class time to provide unintentional injury and violence prevention education for all students.

Recommendation 4: Physical education and physical activity programs. Provide safe physical education and extracurricular physical activity programs.

- Develop, teach, implement, and enforce safety rules.
- Promote unintentional injury prevention and nonviolence through physical education and physical activity program participation.
- Ensure that spaces and facilities for physical activity meet or exceed recommended safety standards for design, installation, and maintenance.
- Hire physical education teachers, coaches, athletic trainers, and other physical activity program staff members who are trained in injury prevention,

first aid, and cardiopulmonary resuscitation (CPR) and provide them with ongoing staff development.

Recommendation 5: Health services. Provide health, counseling, psychological, and social services to meet the physical, mental, emotional, and social health needs of students.

- Coordinate school-based counseling, psychological, social, and health services; and the educational curriculum.
- Establish strong links with community resources and identify providers to bring services into the schools.
- Identify and provide assistance to students who have been seriously injured, who have witnessed violence, who have been the victims of violence or harassment, and who are being victimized or harassed.
- Assess the extent to which injuries occur on school property.
- Develop and implement emergency plans for assessing, managing, and referring injured students and staff members to appropriate levels of care.

Recommendation 6: Crisis response. Establish mechanisms for short- and long-term responses to crises, disasters, and injuries that affect the school community.

- Establish a written plan for responding to crises, disasters, and associated injuries.
- Prepare to implement the school's plan in the event of a crisis.
- Have short-term responses and services established after a crisis.
- Have long-term responses and services established after a crisis.

Recommendation 7: Family and community. Integrate school, family, and community efforts to prevent unintentional injuries, violence, and suicide.

- Involve parents, students, and other family members in all aspects of school life, including planning and implementing unintentional injury, violence, and suicide prevention programs and policies.
- Educate, support, and involve family members in child and adolescent unintentional injury, violence, and suicide prevention.
- Coordinate school and community services.

Recommendation 8: Staff members. For all school personnel, provide staff development services that impart the knowledge, skills, and confidence to effectively promote safety and prevent unintentional injuries, violence, and suicide, and support students in their efforts to do the same.

- Ensure that staff members are knowledgeable about unintentional injury, violence, and suicide prevention and have the skills needed to prevent injuries and violence at school, at home, and in the community.
- Train and support all personnel to be positive role models for a healthy and safe lifestyle.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

When possible, the guidelines are based on research evidence. They are also based on behavioral theory and evidence from exemplary practice in unintentional injury, violence, and suicide prevention, health education, and public health.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Prevention of unintentional injury, violence, and suicide among students in prekindergarten through 12th grade through school instructional programs, school psychosocial and physical environments, and various services schools provide

Subgroups Most Likely to Benefit:

- Male students because statistically, they are injured 1.5 times more often at school than female students.
- Middle and high school students because they sustain more injuries at school than elementary school students.
- Students who participate in organized and unorganized sports at school. In this category, males are twice as likely as females to sustain a sports-related injury.
- Children and adolescents involved in recreational activities (e.g., in-line skating, skateboarding, and scooter use) that pose substantial injury risks.
- Adolescents and children who are legally employed.
- Adolescents and children exposed to farming-related hazards.
- Adolescents and children who engage in behaviors that increase their risk for injury (driving after drinking alcohol, not using seat belts, carrying weapons, engaging in physical fights).
- Adolescents and children who inadequately use helmets and seat belts.
- High school students who drink alcohol.
- Adolescents and children who have access to weapons.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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- Because the health and safety of children and adolescents is affected by factors beyond the school setting, these guidelines also address family and community involvement.
- Although these guidelines are designed primarily for traditional school settings, the broad recommendations would be applicable for alternative settings. In addition, faculty at institutions of higher education can use these guidelines to train professionals in education, public health, sports and recreation, school psychology, nursing, medicine, and other appropriate disciplines.
- The recommendations represent the state-of-the-science in school-based unintentional injury, violence, and suicide prevention. However, every recommendation is not appropriate or feasible for every school to implement nor should any school be expected to implement all recommendations. Schools should determine which recommendations have the highest priority based on the needs of the school and available resources. As more resources become available, schools could implement additional recommendations to support a coordinated approach to preventing unintentional injuries, violence, and suicide.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

To ensure a safe and healthy future for students in the United States, school-based unintentional injury, violence, and suicide-prevention programs should become a national priority. These programs could be part of coordinated school health programs and reach students from preschool through secondary school. School leaders, community leaders, and families can commit to implementing and sustaining unintentional injury, violence, and suicide prevention within the schools. Such support is crucial to promoting safety and a healthy academic environment.

The eight recommendations for school-based unintentional injury, violence, and suicide prevention presented in the guideline report provide the framework for establishing schoolwide strategies. By adopting these recommendations, schools can help ensure that all school-aged youth attain their maximum educational potential and good health. The resources listed in Appendices B and C of the original guideline document, and the additional tools being developed by the Centers for Disease Control and Prevention (CDC) and others, can assist schools in reaching this goal. Appendix B provides a list of sources for model policies; emergency and crisis response materials; and unintentional injury, violence and suicide-prevention materials. Appendix C lists sources of model and promising strategies and programs.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

School health guidelines to prevent unintentional injuries and violence. MMWR Recomm Rep 2001 Dec 7;50(RR-22):1-46. [380 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Dec 7

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Not stated

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Centers for Disease Control and Prevention (CDC) Web site:

- [HTML Format](#)
- [Portable Document Format \(PDF\)](#)

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Preventing unintentional injuries and violence. Summary. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2001 Dec. 4 p. Electronic copies: Available from the CDC Web site in [HTML](#) and [Portable Document Format \(PDF\)](#).
- School health guideines to prevent unintentional injuries and violence. Slide Presentation. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2001 Dec. Various p. Electronic copies: Available as a Microsoft PowerPoint download from the [CDC Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

PATIENT RESOURCES

None available

NGC STATUS

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Date Modified: 11/15/2004

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